

## SMITH, GAMBRELL &amp; RUSSELL, LLP

## WASHINGTON, D.C. OFFICE

SUITE 800  
1850 M STREET, N.W.  
WASHINGTON, D.C. 20036  
TELEPHONE  
(202) 293-4300  
FACSIMILE  
(202) 293-4329

ATTORNEYS AT LAW  
SUITE 3100, PROMENADE II  
1230 PEACHTREE STREET, N.E.

ATLANTA, GEORGIA 30309-3592

TELEPHONE (404) 815-3500  
FACSIMILE (404) 815-3509  
WEBSITE [www.sgrlaw.com](http://www.sgrlaw.com)

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## FLORIDA OFFICE

SUITE 2800, BANK OF AMERICA TOWER  
60 NORTH LAURA STREET  
JACKSONVILLE, FL 32202  
TELEPHONE  
(904) 598-6100  
FACSIMILE  
(904) 598-6300

**TELECOPY COVER SHEET**

DATE: March 29, 2004

Send To:	At (Firm/Company):	Telecopy:	Phone:
Nicole Hensley	PTO	<del>703</del> -273-1026	

571

From:	Telecopy:	Phone:	Client/Matter:	Number of Pages:
Robert G. Weillacher	404-685-6893	404-815-3593	033713.003	3

OPERATOR: \_\_\_\_\_ TIME COMPLETED: \_\_\_\_\_  
PLEASE CALL (404) 815-3500 IF YOU HAVE ANY PROBLEMS

## MESSAGE:

Re: Patent Application No. 09/922,948

Pursuant to our telephone conversation of this morning, attached herewith is the authorization to charge Deposit Account No. 02-4300 for the additional independent claims charge.

## CONFIDENTIALITY NOTE:

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006, OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**FEE TRANSMITTAL  
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 258

## Complete if Known

Application Number	09/822,948
Filing Date	August 7, 2001
First Named Inventor	STEFAN WIGGER
Examiner Name	Harry D. Wilkins, III
Art Unit	1742
Attorney Docket No.	033713.003

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None  
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☐ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	180	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$ 0)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20 **	=	0	X		=	0
Independent Claims	-3 **	=	3	X	86	=	258
Multiple Dependent				X		=	0

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 258)

\*\*or number previously paid, if greater. For Reissue, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	850	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1601	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1607	50	1607	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0)

## SUBMITTED BY

Name (Print/Type) Robert G. Wellacher

Registration No.  
(Attorney/Agent)

20,351

Telephone

404-815-3593

Signature

Date

March 29, 2004

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PTO/SB/97 (08-03)

Approved for use through 07/31/2008. OMB 0651-0051

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Date

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Signature

Susan J. Revell

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Typed or printed name of person signing Certificate

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Fee Transmittal - authorizing charge to Deposit Account for 3 additional  
independent claims.

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